

One Voice: A Domiciliary Service for People After Laryngectomy

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Introduction

The Speech and Language Therapy (SLT) department at North East London NHS Foundation Trust (NELFT) offers specialist laryngectomy rehabilitation in North East London. This region is diverse with areas of high social deprivation. The service includes care of the permanent neck stoma & management of surgically placed voice prostheses.

Historically, clinics were offered at a local acute hospital. In March 2020, outpatient clinics were closed. Initially, another hospital provided emergency support, however this was unsustainable and some patients, concerned about travelling and covid exposure, declined appointments. Waiting times rose to 83 days, increasing the risk of avoidable medical complications.

An alternative, innovative model of community-based provision was introduced to reduce waiting times, limit covid exposure, and re-establish local care, whilst maintaining patient safety.

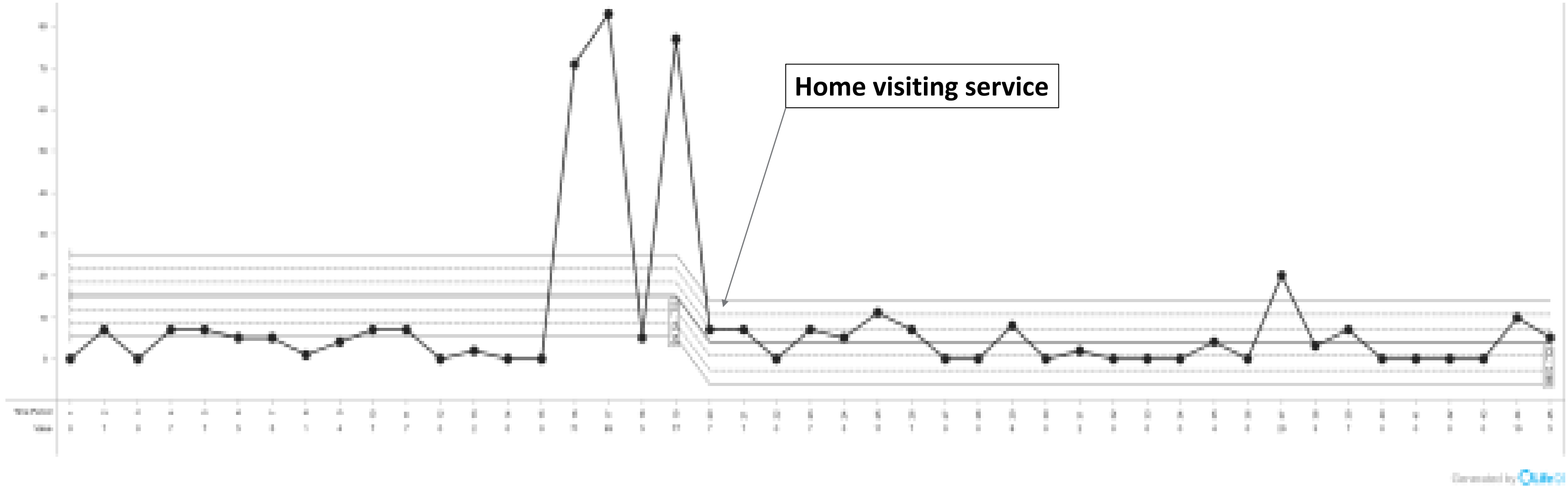
Aims

- To reduce waiting times to valve change to <14 days during the pandemic.
- To ensure safety by monitoring adverse events and responding accordingly.
- To obtain service user feedback.
- To monitor ‘balance measures’ for any additional consequences of the service change – this included travel miles for patients and staff

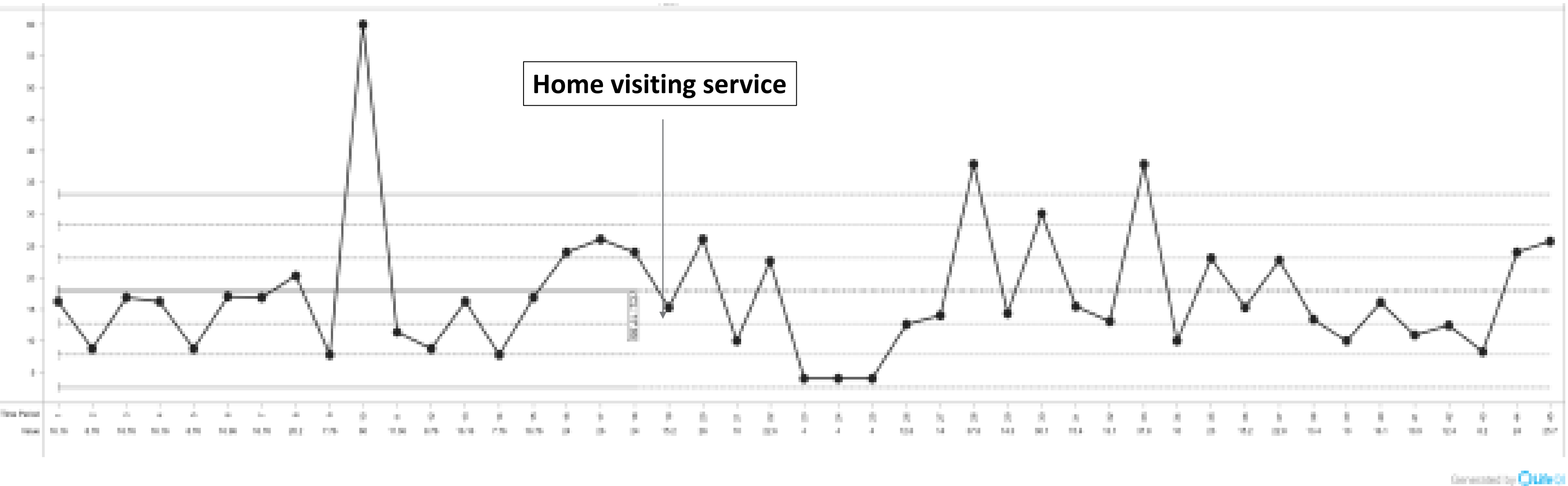


Graphs

1. Waiting time to appointment



2. Travel distance to appointment



Results

Graph 1 identifies the primary aim of reducing waiting times for valve changes from 83 days to <14 days was exceeded.

Graph 2 shows that since moving to a domiciliary service, there was a small overall reduction in the number of miles per appointment. Due to covid restrictions, clinicians travelled in two separate vehicles. Since this data was collected, clinicians have started to car share, *halving* the miles travelled. This has a significant impact on patient satisfaction, financial burden of travel costs and also benefits to the environment.

There have been no serious adverse events. Service users have been overwhelmingly positive about care provision, with 96% electing to have future appointments at home as opposed to hospital outpatients.

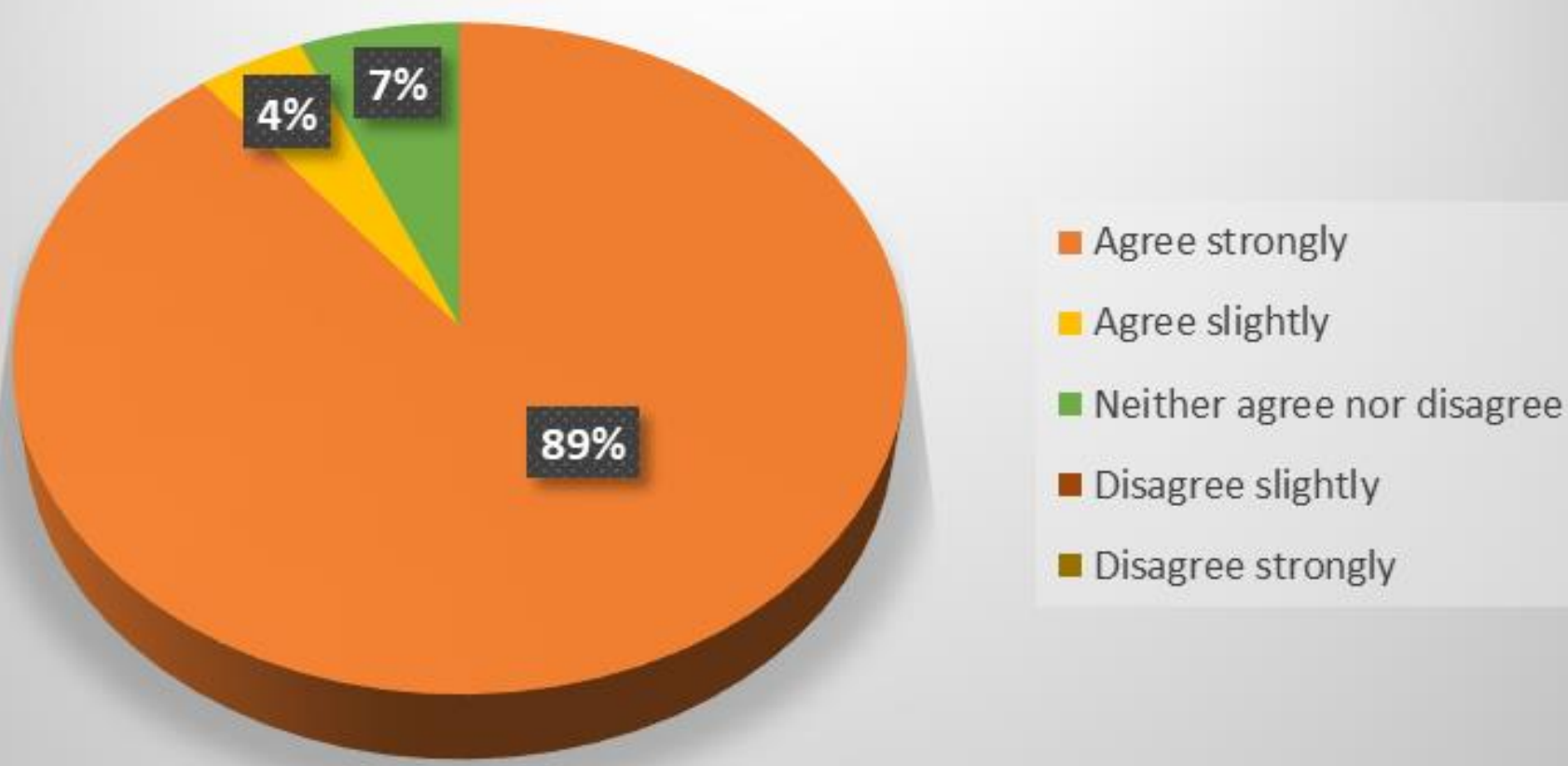
Informal feedback from clinicians suggests home visits have been particularly beneficial in the early weeks post-surgery, during palliative stages and have led to new collaborative working with community health services, particularly for disadvantaged populations.

Domiciliary visits offer an estimated saving of £94.80 per appointment. In the UK last year there were 306 surgeries. In their first year, patients have an average of 6 SLT appointments, leading to potential £174, 126 savings just for new patients across the UK, if similar models were adopted elsewhere.



competent painless
met my needs
quick helpful at home
no travel good
on time care safe hands
safe nice people
good service
support well

'I felt safe receiving care in my home'



There have been days when dad felt quite rough
and if we had to get him in the car, it just
wouldn't have happened...would have meant he
just didn't receive care.

Being able to have them come into the home
helped me know how to care for myself at home
– because if they could do it here, so could I!

Engagement

We engaged remotely with professional stakeholders (other SLT services, national professional advisors, ENT colleagues and NELFT clinical leadership). This ensured changes were clinically robust, safe, and additional support requirements were achievable.

Patients and their carers were involved informally throughout and provided feedback through an anonymous online survey after every appointment.

The feedback was so positive, that the team took the decision to continue with the new domiciliary model and have commenced a formal codesign project with patients, their loved-ones and relevant staff to improve the service further.

This project is following the Experience Based Co-Design framework from the Point of Care Foundation. To date, 73% of patients have engaged in the project.

Together we have selected the following areas for improvement:

- Improving hospital to home transition
- Improving access to non-cancer community health services including primary care
- Improving access to communication therapy across the lifespan

Lessons Learned

- Home visits for people following laryngectomy are safe, effective and well received by NELFT patients.
- They bring benefits supporting people to adjust post-operatively and manage increasing symptoms at the end of life. They provide increased accessibility, particularly for disadvantaged groups.
- Domiciliary models can deliver cost efficiency savings.
- Domiciliary models can have a positive impact on environmental indicators. This is an outcome which was not anticipated and could have relevance to many other outpatient services which are usually offered from a single hospital site.

Conclusion/Future Implications

- Delivery of a domiciliary service to people after laryngectomy is feasible, safe, popular and more accessible than hospital-based care.
- We believe that this fully fledged domiciliary model is the first of its kind for people following laryngectomy.
- Domiciliary models of care can deliver environmental and financial efficiencies, whilst reducing the burden of care experienced by patients and their loved ones
- We will continue to develop the service through our co-design project and will monitor other sustainability factors, e.g. use of supplies/equipment

References

Tordesillas, S (2020) Laryngectomy SLT Management in the Community. Guys and St Thomas' NHS Foundation Trust and Lewisham and Greenwich NHS Trust (personal communication).

RCSLT (2009) 'Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist. Policy Statement.